

Office of the Child &  
Family Ombudsman

## Montana Department of Justice Office of the Child & Family Ombudsman Request for Assistance:

Date of Request: \_\_\_\_\_

05.2015

### Who are you?

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Country \_\_\_\_\_

Is your street address the same as your mailing address? ☐ Yes ☐ No

If no, please provide an address to receive mail:

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Home/Work/Cell \_\_\_\_\_ Okay to leave a message? ☐ Yes ☐ No

Secondary Phone \_\_\_\_\_ Home/Work/Cell \_\_\_\_\_ Okay to leave a message? ☐ Yes ☐ No

Email Address \_\_\_\_\_ Okay to send an email? ☐ Yes ☐ No

### How do you know this child or family?

- ☐ Child's Parent
- ☐ Child's Legal Guardian
- ☐ Child's Grandparent
- ☐ Other Relative

Specify \_\_\_\_\_

- ☐ Child
- ☐ Licensed Parent
- ☐ Community Professional or Service Provider
- ☐ Teacher or School Employee

Specify \_\_\_\_\_

- ☐ Law Enforcement Professional

Specify \_\_\_\_\_

- ☐ Child's Attorney
- ☐ Parent's Attorney
- ☐ Office of the Public Defender
- ☐ Other Attorney

Specify \_\_\_\_\_

- ☐ DPHHS Employee
- ☐ Attorney General's Office
- ☐ County Attorney
- ☐ CASA/GAL

Specify \_\_\_\_\_

- ☐ Other Relationship

Specify \_\_\_\_\_

### Acronyms you might see:

<b>CASA</b> - Court Appointed Special Advocate	<b>GAL</b> - Guardian ad Litem
<b>CPS</b> - Child Protection Specialist	<b>DPHHS</b> - Department of Public Health and Human Services
<b>CFSD</b> - Child and Family Services Division	<b>DOJ</b> - Department of Justice
<b>AG</b> - Attorney General	

**MT DOJ/Office of the Child & Family Ombudsman Request for Assistance:**

***Optional information:***

- ☐ African American  
☐ American Indian or Alaska Native  
☐ Asian American  
☐ Native Hawaiian Pacific Islander  
☐ Hispanic  
☐ Caucasian  
☐ Multi-racial  
☐ Other \_\_\_\_\_

Primary language: \_\_\_\_\_

Are you hearing impaired? ☐ Yes ☐ No

Are you vision impaired? ☐ Yes ☐ No

Do you require interpretation or translation services?

☐ Yes ☐ No

***Who is the child?***

(If more than one child please provide name, age, birth date, and sex for each child on additional pages.)

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (Day/Month/Year) Sex ☐ Male ☐ Female

***Who is the responsible adult where the child lives now?***

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Current Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Primary Phone \_\_\_\_\_ Home/Work/Cell \_\_\_\_\_ Okay to leave a message? ☐ Yes ☐ No  
Secondary Phone \_\_\_\_\_ Home/Work/Cell \_\_\_\_\_ Okay to leave a message? ☐ Yes ☐ No  
Email Address \_\_\_\_\_ Okay to send an email? ☐ Yes ☐ No

***Does the child have an attorney?***

☐ Yes ☐ No ☐ Don't Know If Yes and available, attorney's name and phone number

***Does the child have a Court Appointed Special Advocate (CASA) or a Guardian ad litem (GAL)?***

☐ Yes ☐ No ☐ Don't Know If Yes and available, CASA/GAL's name and phone number



**Child's optional information:**

- ☐ African American  
☐ American Indian or Alaska Native  
☐ Asian American  
☐ Native Hawaiian Pacific Islander  
☐ Hispanic  
☐ Caucasian  
☐ Multi-racial  
☐ Other \_\_\_\_\_

Child's primary language: \_\_\_\_\_

Is the child hearing impaired? ☐ Yes ☐ No

Is the child vision impaired? ☐ Yes ☐ No

Does the child require interpretation or translation services?  
☐ Yes ☐ No

**Who is the child's mother?**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Home/Work/Cell \_\_\_\_\_ Okay to leave a message? ☐ Yes ☐ No

Secondary Phone \_\_\_\_\_ Home/Work/Cell \_\_\_\_\_ Okay to leave a message? ☐ Yes ☐ No

Email Address \_\_\_\_\_ Okay to send an email? ☐ Yes ☐ No

Does the mother have an attorney? ☐ Yes ☐ No ☐ Don't know

If Yes and available, attorney's name and phone number  
\_\_\_\_\_

**Mother's optional information:**

- ☐ African American  
☐ American Indian or Alaska Native  
☐ Asian American  
☐ Native Hawaiian Pacific Islander  
☐ Hispanic  
☐ Caucasian  
☐ Multi-racial  
☐ Other \_\_\_\_\_

Mother's primary language: \_\_\_\_\_

Is the mother hearing impaired? ☐ Yes ☐ No

Is the mother vision impaired? ☐ Yes ☐ No

Does the mother require interpretation or translation services?  
☐ Yes ☐ No

**MT DOJ/Office of the Child & Family Ombudsman Request for Assistance:**

***Who is the child's father?***

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Home/Work/Cell \_\_\_\_\_ Okay to leave a message? ☐ Yes ☐ No

Secondary Phone \_\_\_\_\_ Home/Work/Cell \_\_\_\_\_ Okay to leave a message? ☐ Yes ☐ No

Email Address \_\_\_\_\_ Okay to send an email? ☐ Yes ☐ No

Does the father have an attorney? ☐ Yes ☐ No ☐ Don't know

If Yes and available, attorney's name and phone number \_\_\_\_\_

***Father's optional information:***

☐ African American

Father's primary language: \_\_\_\_\_

☐ American Indian or Alaska Native

☐ Asian American

Is the father hearing impaired? ☐ Yes ☐ No

☐ Native Hawaiian Pacific Islander

☐ Hispanic

Is the father vision impaired? ☐ Yes ☐ No

☐ Caucasian

☐ Multi-racial

Does the father require interpretation or translation services?

☐ Other \_\_\_\_\_

☐ Yes ☐ No

***Who is the family's Child Protection Specialist?***

Name \_\_\_\_\_ County \_\_\_\_\_

Phone number \_\_\_\_\_

*Continued...*



Please describe your reason for requesting Ombudsman assistance:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

*Help us understand how you believe the Ombudsman can assist you:*

[illegible]

Please tell us everything you have already done about this concern:

*For example:* Have you contacted the Child Protection Specialist? Have you contacted the local supervisor? Have you contacted the Regional Administrator? Please give the name of anyone you have already contacted and tell us what happened so far.

[illegible]

*What would you like to see happen for this child or family?*

What help to you hope to have from the Ombudsman?

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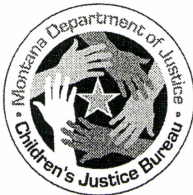


**MT DOJ/Office of the Child & Family Ombudsman Request for Assistance:**

***How did you hear about the Ombudsman Office?***

- |  |   |
|--|---|
| <input type="checkbox"/> DPHHS Employee  | <input type="checkbox"/> Media (TV or radio)                                |
| <input type="checkbox"/> Friend  | <input type="checkbox"/> Internet   |
| <input type="checkbox"/> Family Member   | <input type="checkbox"/> Directory Assistance or Phone Book                 |
| <input type="checkbox"/> CASA/GAL  | <input type="checkbox"/> CASA/GAL   |
| <input type="checkbox"/> Attorney General's Office                                   | <input type="checkbox"/> Conference, Training, or Workshop<br>Specify _____ |
| <input type="checkbox"/> Community Professional or Service Provider<br>Specify _____ | <input type="checkbox"/> Other<br>Specify _____                             |
| <input type="checkbox"/> Teacher or School Employee<br>Specify _____                 |   |

**If you have questions about filling out this form or would like help filling out the form,** please call the Ombudsman office at 1-844-252-4453 (1-844-25CHILD) or email the Ombudsman at [DOJOMBUDSMAN@mt.gov](mailto:DOJOMBUDSMAN@mt.gov).



**Office of the Child &  
Family Ombudsman**

P.O. Box 201417, Helena, MT 59620

EMAIL: [DOJOMBUDSMAN@mt.gov](mailto:DOJOMBUDSMAN@mt.gov) TOLL-FREE: 1-844-25CHILD (1-844-252-4453)

FAX: (406) 444-2759